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IFMSA Policy Document Patient Involvement in Medical Education

Proposed by Team of Officials

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Policy Commission

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Policy Statement

Introduction:

The responsibility of health professionals to provide the highest standard of patient care requires the highest level of education to adequately capacitate the health workforce. Patient-centered care has increasingly become recognized as the approach that leads to better health outcomes and must therefore translate in all areas of medicine, including education. Patient involvement in medical education in various capacities has been shown to promote patient-centredness and safety, enhance communication skills, confidence and satisfaction of learners, and increase patient empowerment. With recent developments of frameworks and guidelines, education institutions are being called to systematize patient involvement in health education.

IFMSA Position:

The International Federation of Medical Students' Associations (IFMSA) recognizes patient involvement in medical education as the key to support patient empowerment and promote patient-centered care, thus strengthening health systems and improving health outcomes. We acknowledge the value of patient experiences and perspectives in ensuring comprehensive and quality medical education. For medical schools to provide the highest level of medical education, they ought to implement systematic and evidence-based approaches to involving patients on various levels of medical education, ranging from educational and teaching roles to assessment and decision-making roles.

Call to Action:

IFMSA calls for **Governments** to:

1. Encourage and promote medical education governing bodies, schools nationally to incorporate patient involvement in the curricula to address its importance in the country's development.
2. To develop and adopt policies, support research, and evidence on best practices that promote patient involvement in medical education with respect to the demographic determinants of respective universities.
3. Work together with leaders and scholars from academic institutions, professional bodies, the healthcare system, the lay community, and other stakeholders interested in patient involvement in medical education to ensure the development of rigorous frameworks.
4. Consider establishing guidelines to give patients adequate support, training, and remuneration for them to be considered as colleagues in medical training, not just a teaching resource.

IFMSA calls for **Medical Schools and Academic Institutions** to:

1. Develop medical curricula that systematically involve the patients' perspective and experience in their specific diseases and offer the students the patients' point of view at an early stage.
2. Incorporate patients as teachers specifically in problem-based learning, and in communication skills, in both the teaching and assessing phase of learning alongside trained faculty members.
3. Ensure quality and equality in medical education through continuous evaluation of the process of involving patients in medical education.
4. Encourage faculty members to execute research and experiment to make patients' involvement in medical education more evidence-based.
5. Facilitate the contact between patients and students at early medical school years, in order to promote the contribution of patients in medical education and collaborate with homes, patients organizations and hospitals to allow continuous education with chronic diseases patients.

IFMSA calls on **Medical Schools** to:

1. Create official partnerships with Organizations and institutions that organize Student Mobility programs such as IFMSA and its National Member Organizations
2. Help capacitate students before, during and after an exchange in terms of Global Health, ethical and intercultural sensitivity.



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3. Support the organization of exchange programs and educational activities by offering logistical support and human resources such as tutors.
4. Offer financial support in the form of grants to increase the accessibility of the mobilities.
5. Provide Documents (Invitation Letters and Support Letters for the Embassies) stating the acceptance of the incoming students in the Hospital/Faculty departments/laboratories to facilitate the visa application process.
6. Help in promoting IFMSA Exchanges as well as raising research awareness and opportunities.
7. Follow up on the impact of mobilities by offering the opportunity of presenting and publishing the outcomes of the exchange in an open-access setting.

IFMSA calls on **Medical and Health Organizations (WHO, WFME, WMA, etc.)** to:

1. Recognize and endorse the need for patient involvement in medical education and advocate for it.
2. Provide global platforms for discussion and dialogue regarding the practical feasibility of worldwide patient involvement in various medical curricula
3. Promote collaboration with patient organizations in order to attain the goal of an improved medical system
4. Aid and assist implementation of outreach programs in various regions (like rural and urban health camps) which further increases awareness of the program
5. Develop standardized criteria and guidelines for the involvement of patients in medical education
6. Encourage member organisations to adopt policies to solidify their stance on patient involvement in medical education

IFMSA calls on its **Members, NMOs and Medical students** to :

1. Acknowledge and raise awareness on the role of patients involvement as a key component in improving the doctor-patient relationship, building more supportive environments for students to develop their professional identity and improving community health outcomes.
2. Engage in efforts to assess the effectiveness of patients' involvement in their medical schools to acquire evidence-based practices and advocate for its improvement.
3. Collaborate on an international scale by implementing the international teams initiative on a national level as well as promote and enroll local, national activities tackling patients meaningful involvement in IFMSA programs.
4. Strengthen the collaboration with other students' and patients organizations and all relevant stakeholders in the implementation of initiatives that promote and support the development of patients' involvement in medical education and health.
5. Work closely with governments and health sector planning bodies to develop context-sensitive frameworks/guidelines that guide the involvement of patients in the education and training of health workers.

IFMSA calls on **Patients Organizations** to:

1. Raise the awareness of patients/communities by highlighting the potential benefits of patient involvement in medical Education through activities on the topic.
2. Develop researches and surveys to assess patient perspectives on the effectiveness of involving patients and to develop resources about patient involvement in medical education to fill the gap in the lack of resources about this topic.
3. Collaborate with governments, medical education organizations, health organizations, universities, medical schools and medical websites to appoint specialist officers to involve patients in medical education and establish strategies and frameworks about implementation of patient involvement.
4. Collaborate with medical schools to create a patient committee or advisory group within medical schools to improve the educational strategies related to patient involvement.
5. Help in evaluating and monitoring statistics about implementation of patient involvement and its effectiveness on patients and medical education.

Position Paper



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Background information:

As stated by the World Medical Association, medical education should prepare all medical students with the adequate skills, knowledge and professional behaviors to provide a high standard of patient care. Maintaining a high level of medical education is therefore considered a responsibility for all physicians (1). A growing body of evidence supports that the highest level of care – with more favorable health outcomes – is one that is patient-centered, meaning it is congruent with needs, preferences and wants of the patient. Patient-centering has become visible in all areas of medicine and has translated into patient involvement in medical education by some educators and institutions (2)(3). The term “patient”, though there is no universally accepted terminology, here is considered to encompass people with health conditions, caregivers and others that have relevant lived experience (patient advocates, community members, etc.) (4)(5).

Following the rationale of patient-centering, patient involvement in medical education is a consequent component of training a workforce that is able to espouse patient participation in health care (5). Studies suggest some barriers to achieving patient-centredness stem from the way health professionals are educated. For instance, the perception of medical identity classically did not include sharing of responsibility and power with patients (6). It has also been suggested that the current training of physicians leads to erosion of empathy and patient centredness among medical students (7). These barriers call for a shift in medical education towards the inclusion of a collaborative role for patients. A global consensus has also been reached stating that all relevant stakeholders must be included in shaping medical education to better answer health needs, as part of the social accountability of medical schools. Patients and communities being key stakeholders in their care, this consensus further supports the case for patient involvement in medical education to strengthen health systems (8). Innovative approaches in line with this partnership principle are taking patient-centredness a step forward by considering patients as partners in care, working with them as part of the treatment team (9). Cultivating this approach requires a cultural shift that can be supported by embedding this principle in the education of health professionals.

The value of learning from patients and its influence on medical practice has been widely acknowledged by physicians (10). Their involvement in various capacities has gained attention and has been advocated for increasingly in the past few decades (11). In a statement developed during the Where's the Patient's Voice in Health Professional Education? international conference in Vancouver in 2015, patient involvement was defined as: “[...] patients play an active and collaborative educational role, as teachers, assessors, curriculum developers and educational decision makers.” This statement also provides priorities of action including implementing directives such as accreditation standards, policies and endorsement by professional bodies and ensuring the early introduction of patient involvement to learners (5). Though a variety of initiatives and benefits have been described in literature, there remains a lack of research and knowledge on systematic approaches to patient involvement in different levels of medical education. Lack of evidence on the long-term impacts on practice and benefits for the recipients of care is observed in the literature, as well as gaps in theoretical understanding and conceptual basis (4)(5)(12) Hence, there is a need for further research and developments to adequately inform policies as well as structural and organisational actions for enhanced active patient involvement medical education.

Discussion:

Patients' role in medical education

Patient/client involvement in healthcare facilities education is portrayed by a broad variety of associations and approaches, and of the underlying values system (13). Projects that highlight the patient as an educator of clinical aptitudes (actual assessment and relational abilities) were created in the mid-1970s from Barrows and Abrahamson's idea of 'programmed patient' to address issues health practitioners experienced in showing clinical aptitudes (14).

Patient educators can give clinical aptitudes, practicals on history taking and real-life physical examination procedures on their own condition. They can be prepared to assess student skills and convey prompt input, which can animate further learning. Alongside clinical abilities, patients can show



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medical students their encounters with general administration of healthcare, and the personal aspects of their lives. These can go from physical and home changes, to mental, social and behavioural issues affecting them and their family. For example, a person may shift from one state to the other, and the environment and food of the new state might not be suitable for the person and they can become sick; such incidents can be explained by the patients. Patient educators with chronic conditions can go about as guides and meet routinely with undergraduate medical students. They can show the medical students patient centredness and interprofessionalism, community centeredness, social fitness and morals. Patients could pick their own showing technique, for example, recounting their personal stories and animating reflection (12). Through these roles, patients are not only adding to the advancement of clinical skills of students but also to the improvement of student's perspectives toward patients in an individual and professional capacity. The engagement of patient accounts to furnish medical students with a "persistent viewpoint" on ailments and the biopsychosocial ramifications of living with illness has become well known, and studies show that that students and patients accept this an amazing learning experience, either in the study hall, community, or the patient's own home (15).

Persistent patient educators had autonomy from the phase of planning to the phase of conveyance of educational instructions and can be engaged with the advancement of courses identified with their sickness or social conditions. Beyond the illness or competency-specific courses, patients can likewise be engaged in consultative gatherings with partners to distinguish attractive traits, capabilities of graduates and advancement of a community-based learning environment (12).

Involvement of patients in medical education is essentially connected with the educating and evaluation of clinical and communication skills. Undergraduate clinical educational plans have consolidated patient association. They instruct them about medical education based on assessment demonstrating that medical students and patients find the participation showing invigorating and fulfilling, just as for practical reasons, which incorporate the need to increase the introduction of students to patients with chronic conditions which is currently restricted due to changes in healthcare delivery system (16). There are extra methods of carrying the patient's point of view to training that don't include eye to eye contact. Patients and professors may work with students in online conversations groups or go about as e-based experts for problem or enquiry-based learning. They likewise might be instructed to build up a video or a composed piece about a specific issue or experience, as well as devise questions for conversation (17).

In nursing and social work training, patient involvement is generally alluded to as service user (and carer) association. Projects are driven by a way of thinking of patient care dependent on standards of partnership between specialists, patients and carers that also might include individuals with mental health issues. Goals of patient involvement in medical education are to incorporate the improvement of partnership among medical students and patients, having the option to recognize and work with the limitations of patients and professions, the acceptance of patient encounters, the plan of remedial interventions compatible with patient needs, and the education on principles of equality, patient empowerment and involvement (14).

Patient involvement and recruitment

There is a multitude of ways and degrees in which patients can be involved in medical education. The Cambridge framework (18) and Ladder of Involvement (19) are tools used to assess the involvement of patients in medical education. Elements from both these models were combined to propose a Spectrum of Involvement – a taxonomy that describes the continuum of patient involvement:(14)

Level 1: Patient is the focus of paper-based or web-based case scenario

Level 2: Patient encounter with student is scripted in clinical setting

Level 3: Patient shares his/her experience with students within a faculty-directed curriculum

Level 4: Patient-teacher(s) are involved in teaching or evaluating students



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Level 5: Patient-teacher(s) as equal partners in student education, evaluation and curriculum development

Level 6: Additional involvement at the institutional level and policy-making bodies

The adoption of such a classification can help not only for future research but also in the practical evaluation of a current situation. For recruitment of patients into such involvement programs, a variety of criteria are involved. Good interaction skills, teaching capacities, learning aptitude, motivation, time to commit to the study, as well as being fully mobile and being able to cope with repeated physical examinations are some of the considered criteria (12).

Role of patient organisations

The most referred to connection between patient associations and medical faculties was the utilization of patient associations and their organizations for the enrollment of individual patients as community help providers or individuals from condition-specific care groups. Not all of these delegates of patient associations were patients themselves. They were portrayed as merchants between two societies of the academia and community. Some clinical teachers anyway settled on a fixed decision of not teaming up with patient associations, because of a dread of working with politicized groups (12).

Patient involvement in the curriculum

As for the integration of patients' active involvement in the medical curriculum, most cases showed that concretizing users involvement is ultimately executed through evidence-based medicine and its adaptation to Kirkpatrick's hierarchy four levels of learning evaluation: reaction, learning, behavior and results. In addition, to demonstrate the considerable diversity of customer engagement in medical training, the Towle Taxonomy was identified as a pragmatic, systematic structure able to help us do so (20). The latter taxonomy is a spectrum that classifies the methods of patient involvement according to a specific degree, taking into consideration the duration of encounter, the autonomy of the patients, the training, the inclusion in the curriculum and the institutional commitment to patient involvement in medical education.

Medical schools should ensure that a range of creative approaches to patient and public participation and assistance is used, based on the type and intent of involvement. This will mean that various backgrounds and fields of knowledge of the local community are utilised, including groups that are typically hard to access (17). Active participation in teaching requires some planning and instruction, and is thus generally delivered on a consistent and recurring basis, such as an 'expert patient.' Medical schools should be mindful that some types of patients will have distinct types of presentation and that they will recognize these distinctions. Many patients may have inputs into their information that cannot be accessed through some other way (17).

Patients enrich the medical education programs, not only by adding cases and contributing to studies but also with offering students the chance to learn and explore patient-centered perspectives in holistic care (21). Most students were satisfied with patients led experiential learning, certainly in sessions concerning chronic diseases (22), as for patients, the presence of a social assistant alongside the medical professional facilitated their tasks and made them more comfortable in a learning environment (23).

One of the easiest ways to include patients with the formal teaching methods is through problem-based learning. It was confirmed that real patients are potent triggering stimuli for problem-based learning, in addition in this environment there were no organizational or ethical difficulties (24). One example introduced an effective teaching method, that allows students to meet patients at an early stage under the supervision of other students, promoting peer education in the curricula, it's "The Patient Centered Medical Home as Curricular Model", where 1st and 2nd-year students have shifts in these centers (25). Another suggested model was students following patients to their daily-life ensuring a quality communication and emphasizing on the patient centeredness of the educational system (26).



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For assessment, patients can be involved in formative assessment, as studies show the lack of reliability to engage them in formative assessment of undergraduate medical students (27). Subjectively, environment-specific assessment methods can lead to progress in the performance (mini-clinical evaluation exercise, direct observation of procedural skills, and case-based discussion), and including real patients in them will enhance them. In addition, patients can partake in high stakes summative appraisals, for example, the final year objective structured clinical examination (OSCE) and provide constructive criticism to study articles, which were utilized for formative assessment. Patients can effectively take an interest in the arranging, execution and assessment of the instructive educational program. However, there is a lack of research concerning the objective impact of these methods (28).

Benefits of patient involvement

Patients have always been involved in medical education, but have usually been used to provide passively their experience of disease (16). Involving patients in medical education can be beneficial to learners: Not only to help them to acquire many skills such as communication, but also help them to change and develop their professional attitudes, critical thinking and clinical skills tremendously because nobody knows the disease or sickness that the patients suffer from more than the patients themselves. Hence, they can bring their experience of disease to teaching and can provide a detailed new perspective for the medical students to view those diseases from (14)(15)(16)(17)

Additionally, patients don't only contribute to practical skill development in students, but also to the development of student attitude towards patients in a personal and professional manner (15). For example, in some countries, they involved parents of children with developmental disabilities in teaching paediatrics residents and medical students. Also, in some countries workshops run by professional adult actors with learning disabilities were designed to promote positive student attitudes towards these conditions. Other patient-teachers were people with AIDS, cancer, mental illness and cared for patients with dementia (14). Moreover, studies conducted have proven that patient involvement led to increased learner satisfaction and improved communication skills recognized in health care professionals. Many students comment on gaining new insights and confidence when they practice on patients who give feedback, and they mentioned that such training involving patients increases their understanding, skills and experience of the disease (17). All this explains the benefits of patient involvement to the medical student (14)(15).

When it comes to benefits to the patients themselves, it has been recognized that when patients take up a teaching role regarding their own sickness, they tend to feel empowered, have better self-esteem and proven to have better patient-doctor experiences in the future. Furthermore, it helps them develop a better and deeper understanding of their health conditions and statistics show that that leads to better health outcomes (15).

Last but not least come the benefits of patient involvement for faculties. Allowing patients to take up the teaching role does not only decrease the teaching costs but all also allows students to gain knowledge in areas where their access to training might have been limited. This is clearly seen in the rising issues of teacher shortages and financial problems due to insufficient funds that if not for the patient involvement might have affected the learning experience of the medical students immensely (15)(16).

Patient safety

Medical errors were proven to be The third commonest cause of death in the United States. According to recent medical malpractice statistics in the United States, no fewer than 250,000 deaths are reported annually due to medical errors (29)(30). Worldwide, unsafe health care causes 2.6 million deaths annually in low-and middle-income countries alone and 40% of patients are harmed when receiving primary and ambulatory health care (31). The London Declaration, endorsed by the World Health Organization World Alliance for Patient Safety, calls for a greater role of patients to improve the safety of health care worldwide. Therefore, medical institutions, which are mainly concerned with patient



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safety, have worked to involve patients in medical education, since patient participation improves the safety of health systems by reducing medical errors (29)(30).

Patient participation is defined as the involvement of the patient or the family in the prevention or reporting of care related to medical errors, due to the high frequency of the medical errors. It is also highly recognized as a main component in the redesign and development of health care processes. Involving patients empowers patients by making them more aware and experienced with the healthcare provided to them and the possibility of them being exposed to medical errors that may harm their health, thus ensuring patient safety (29)(30).

Theoretically there are a lot of ways to maintain the patients' safety through patient involvement. For example, in some countries, Patient Safety Officers provide their patients with personal patient education, large patient-safety campaigns, brochures, patient-safety videos and other resources to increase the awareness of patients and their engagement. They believe that if patients have enough knowledge about their care and potential treatment options, they will be more able to identify how they want to receive their healthcare (30)(32).

All this can be achieved successfully only by involving patients in decisions about their care and treatment that improve outcomes and experiences for patients and make them able to identify how they want to receive their healthcare. Following this rationale, the NHS (National Health Service) in England has made a commitment to become much better at involving patients (and their carers) by giving them the power to manage their own health and make informed decisions about their care and treatment. The Organisation for Economic Co-operation and Development (OECD) also found that UK patients were more likely than average to report that their regular doctor involved them in decisions about care or treatment (33).

The importance of research is needed here to understand the relation between ensuring patients safety and sharing the decisions with the patients. Therefore, a group of James Madison University (JMU) in Harrisonburg, Virginia, students made a study about Shared Decision-making to Improve Patient Safety which supports that sharing the decisions with the patients is an useful tool to improve their safety. Although there remains a need for additional studies evaluating the effectiveness of patient involvement in patient safety and decision making, it is still an important topic to be worked on globally (30)(34).



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